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STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

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Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291 Fax: (801) 359-3940 RECEIVED FEB 0 4 2004

DIV. OF OIL, GAS & MINING

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

1. Report Time Period: From (mo./yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ground Mine 7 N, Range 2 W
Mine Name: Towers Sand Egrave 4. Mineral(s) Mined (or permitted to mine): Sand Egy (5. Type of mine Surface Mine or Under 6. Legal Description (Location of Lands Affected): 1/4, 1/4, Section 3, Township 1/4, 1/4, 1/4, Section , Township 1/4, 1/4, 1/4, Section , Township Name of Operator or Company: CE FUHERS Realty 8. Permanent Street Address: How Manager Phone: Sol 782-208 8 Fax: 9. Company Representative (or designated operator): Name: Kevin Butter S Title: Manager	rground Mine 7 N, Range Z W
4. Mineral(s) Mined (or permitted to mine): Sand \$\frac{2}{3}V_0 5. Type of mine Surface Mine or Under 6. Legal Description (Location of Lands Affected): \[\begin{align*} \left \left \left \left \right \righ	rground Mine 7 N, Range Z W
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6. Legal Description (Location of Lands Affected):	7 N, Range 2 W
1/4,	
1/4,	
Name of Operator or Company: CE BUHCIS REALTY 8. Permanent Street Address: 7100 M. HAVYISV City, State, Zip: HAVYISVIILE Phone: 801-782-208 8 Fax: 9. Company Representative (or designated operator): Name: Kevin Butters Title: Manager	Danga
7. Name of Operator or Company: CE BUHCIS Realty 8. Permanent Street Address: Hob M. Havrisy City, State, Zip: Havrisville Phone: 801-782-208 8 Fax: 9. Company Representative (or designated operator): Name: Kevin Buhers Title: Manager	, Kange
8. Permanent Street Address: 710 M. Havrisv City, State, Zip: Havrisville Phone: 801-782-2088 Fax: 9. Company Representative (or designated operator): Name: Kevin Butters Title: Manager	
Phone: 801-782-208 8 Fax: 9. Company Representative (or designated operator): Name: Kevin Butters Title: Manager	= Construction / Towers Grave
9. Company Representative (or designated operator): Name: Kevin Butters Title: Manager	lle Pd
9. Company Representative (or designated operator): Name: Kevin Butters Title: Manager	34404
Name: Kevin Butters Title: Manager	801-782-\$1515
Title: Manager	
110.10	
Business Address: 7100 M HAVYIS	
	VIIIe Kd
City, State, Zip: Harrieville UT	84404
Phone: 80 782-2088 Fax: 80-	182-1515
Please check if any of the above information has changed sir	ce previous year.
II. <u>Mining and Reclamation</u>	
1. Was there any mine related activity during the past year?	Yes No 🗆
2. If no - what was the last year of activity?	-0 -09
3. If yes - how much ore or mineral was mined? Zoo	22)

4.	additional surface disturbances that occur		
5.	How much additional acreage was distur	rbed during the past year? 1/2 ACRE	
6.	How much acreage was reclaimed during		
7.	Briefly describe the reclamation work performed during the past year. This description should include methods employed, and an evaluation of the results. RESETO PERIMETER RETENTION PONDS		
8.	What is the total disturbed acreage of entire project at years end? No SACRES		
9.	Briefly summarize any mining and/or reclamation plans for the upcoming year. CONTINUE WORKING SAME FACE		
NOTE:	Section III., "Additional Information" applies only to <u>large mining operations</u> .		
III. Additional	Information - R647-4-121.2 and .3		
1.	The operator shall include an updated maperformed during the year, prepared in account of the control of the co	p depicting surface disturbance and reclamation cordance with Rule R647-4-105.	
2.	The operator shall keep and maintain timely records relating to his performance under the Act, and shall make these records available to the Division upon request.		
IV. <u>Signature</u>	Requirement		
I here	by certify that the foregoing is true a	and correct.	
	Name (Typed or Print):	KEVIN BUTTERS	
	Title of Operator:	MGR.	
	Signature of Operator:	H Bu	
	Date:	1-19-03	

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